1286071

SEC 1972 Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB (6-02)control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OMB APPROVAL

OMB Number: 3235-0076

Expires: May 31, 2005

Estimated average burden hours per response.. . 1

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION SEC USE ONLY

Serial

DATE RECEIVED

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.)

Filing Under (Check box(es) that apply):

[] Rule 504 [] Rule 505 [X] Rule 506 [] Section 4(6) [] ULOE

APR 0 1 2004

Type of Filing: [x] New Filing [] Amendment

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer ([] check if this is an amendment and name has changed, and indiciate change.)

Bombay Dreams NY LLC

Address of Executive Offices (Including Area Code)

(Number and Street, City, State, Zip Code)

Telephone Number

(212) 869-4233

c/o Waxman Williams Entertainment LP, 260 W. 44Street, Suite 500, New York

Telephone Number NY 10036 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (Including Area Code)

(if different from Executive Offices)

Brief Description of Business Theatrical producer of the Broadway show "Bombay Dreams"

Type of Business Organiza	tion	
[] corporation	[] limited partnership, already formed	[X] other (please specify):
[] business trust	[] limited partnership, to be formed	Limited Liability Company
	Month Yea	r .
Actual or Estimated Date of	f Incorporation or Organization: [0]6] [0] 3	[k] Actual [] Estimated
Jurisdiction of Incorporation	n or Organization: (Enter two-letter U.S. Postal S CN for Canada; FN for other foreig	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

 Each general a 	nd managing partner of partners	ship issuers.	
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director [] General and/or Managing Partner
Full Name (Last name	first, if individual) Corners Managers LLC		
	e Address (Number and Street, illiams Entertainmen	• • • •	44th Street, Suite 500
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	New York, NY 100 [] Director [x] General and/or Managing Partner
Full Name (Last name	efirst, if individual)		
Business or Residenc	e Address (Number and Street,	City, State, Zip Coo	e)
15 East North	Street, Dover, DE	19901	
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director [] General and/or Managing Partner
Full Name (Last name	e first, if individual)	erade in before compatible electronic del electronic del electronic del electronic del electronic del electronic	
Business or Residence	e Address (Number and Street,	City, State, Zip Coo	le)
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director [] General and/or Managing Partner
Full Name (Last name	e first, if individual)		
Business or Residence	e Address (Number and Street,	City, State, Zip Cod	le)
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director [] General and/or Managing Partner
Full Name (Last name	e first, if individual)		
Business or Residence	ee Address (Number and Street,	City, State, Zip Coo	le)
Check Box(es) that	[] Promoter [] Beneficial	[] Executive	[] Director [] Coneral and/or

Apply:		Owne	r	Offic	cer			Manag Partne	
Full Name (Last nam	ne first, if ir	idividual)							
Business or Resider	ce Addres	s (Number and	Street, C	City, State	, Zip Co	de)			
Check Box(es) that Apply:	[] Pro	moter [] Benet Owne		[]Exe Offic		[] D	irector [] Genera Manag Partne	•
Full Name (Last nam	ne first, if ir	idividual)							
Business or Resider	ice Addres	s (Number and	Street, C	City, State	, Zip Co	de)	***************************************		
(Use b	lank shee	t, or copy and	use add	litional c	opies of	this she	et, as n	ecessar	/.)
		B. INFO	RMATIO	N ABOU	Γ OFFEF	RING			
1. Has the issuer so offering?				,				Ye [s No] [X]
2. What is the minin		er also in Appe ment that will b			-			\$	N/A
3. Does the offering			·		-			Ye	
4. Enter the information directly or indirectly connection with sale person or agent of a the name of the bropersons of such a bonly.	any commes of secur broker or ker or deal	nission or simila ities in the offer dealer register er. If more thar	ar remune ring. If a p ed with th I five (5) p set forth t	eration fo person to ne SEC a persons t	r solicita be listed nd/or wit o be liste	tion of pu I is an as h a state ed are as	rchasers sociated or states sociated	s in s, list	i I i
Full Name (Last nam	ne first, if in	ndividual)	COMMITTED THE PARTY AND THE COMMITTED THE CO					CONTROL OF CURVE OF STREET	kasa 1960 kitalahan Olaberia kancanan kemidi sebagai kancanya ad
Business or Resider	nce Addres	s (Number and	Street, 0	City, State	e, Zip Co	de)			
Name of Associated	Broker or	Dealer							
States in Which Personal (Check "All States [AL] [AK] [AZ] [IL] [IN] [IA]	es" or che [AR] [KS]	eck individua [CA] [CO] [KY] [LA]	I States [CT] [ME]	i) [DE] [MD]	[DC] [MA]	(FL) (MI)	[GA] [MN]] All S [HI] [MS]	[ID] [MO]
[MT] [NE] [NV [RI] [SC] [SD		[MM] [MM] [TX] [TX]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK]	[OR] [WY]	[PA] [PR]

Full Na	ame (Las	st name	first, if ir	ndividua	l)							
Busine	ess or Re	esidence	e Addres	s (Num	ber and	Street, C	ity, State	e, Zip Co	de)		***************************************	
Name	of Assoc	ciated B	roker or	Dealer				kidaga ya Milini ya Sangara				
(Che	ck "All	States	or che	eck ind	ividual	States)			<u> </u>] All S	
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] {IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]		[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
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	(Use bla	nk shee	et, or co	py and	use add	itional c	opies of	this she	et, as n	ecessar	y.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Securi	•			•••••	
Equity					
	[] Common	[] Preferred	
Convertible Se	cur	ities (including	g war	rants)	
Partnership Int	ere	sts			
Other (Specify	M	embershi	ρI	nterests).
				•	

\$	Aggregate Offering Price 0	Am \$	nount Already Sold 0
\$	0	\$_	0
•			-
\$	0	\$_	0
\$	0	\$	0
\$	14,950,00	0\$	0
\$	14,950,00	0\$	Ō

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under <u>Rule 504</u>, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	0	\$0
Non-accredited Investors	0	\$0
Total (for filings under Rule 504 only)	0	\$

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

	Type of Security	Dollar	Amount	
Type of offering	Λ	Sold	0	
Rule 505		\$	0	_
Regulation A	0	\$	0	
Rule 504	0	\$	0	
Total	0	\$	0	_

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	[]\$0
Printing and Engraving Costs	[]\$0
Legal Fees	[]\$20,000
Accounting Fees	[]\$
Engineering Fees	[]\$0
Sales Commissions (specify finders' fees separately)	[]\$ <u> </u>
Other Expenses (identify)	[]\$0
Total	[]\$20,000

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

\$14,930,000

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

		Payments to Officers, Directors, & Affiliates	Payments	
Salaries and fees		[] 0	[] 0	
Purchase of real estate	•	[] 0	[] 0	
Purchase, rental or leasing and installation of mach and equipment		\$.0	[] \$ 0	
Construction or leasing of plant buildings and facilit	ies	[] \$ 0	[] \$ 0	
Acquisition of other businesses (including the value securities involved in this offering that may be used exchange for the assets or securities of another is pursuant to a merger)	d in suer	[] \$0	[] \$ 0	
Repayment of indebtedness	•••••	[] \$ 0	[] \$ 0	
Working capital		[] \$ <u>0</u>	[] \$ <u>14,950</u>	,000
Other (specify):	·	[] \$0 [] \$	[] \$0 [] \$	
Column Totals		[]	[] \$14,950,	000
Total Payments Listed (column totals added)			1,950,000	000
D. FEDERAI	_ SIGNATURE			
he issuer has duly caused this notice to be signed by the dunder Rule 505, the following signature constitutes ecurities and Exchange Commission, upon written requey non-accredited investor pursuant to paragraph (b)(2)	an undertaking by the issuest of its staff, the inform	uer to furnish	to the U.S.	
ssuer (Print or Type)	Signature	Date	e	
Bombay Dreams NY LLC	Snhow	3 ,	/ 26/0 4	
lame of Signer (Print or Type)	Title of Signer (Print or Ty	/pe)		
Susan Mindell	Counsel			
ATTE	ENTION			
Intentional misstatements or omissions of fac		ninal violatio	ns. (See 18	

E. STATE SIGNATURE

. 1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such	Yes No [][¥
See Appendix, Column 5, for state response.	

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Bombay Dreams NY LLC	8nmall	3 / 26 / 04
Name of Signer (Print or Type)	Title (Print or Type)	
Susan Mindell	Counsel	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 2 3 4 Disqualification Type of security under State ULOE and aggregate Intend to sell (if yes, attach to non-accredited offering price explanation of Type of investor and investors in State offered in state amount purchased in State waiver granted) (Part C-Item 2) (Part B-Item 1) (Part C-Item 1) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Amount Investors **Amount** Yes No AL ΑK

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